COVID-19 UPDATE
Video Conference: April 8, 2020

NORTH
Dakota
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This is an **emerging, rapidly evolving situation**. Information in this presentation is current as of April 7, 2020. Please check the NDDoH Novel Coronavirus website for the most current information and guidance.

www.health.nd.gov/coronavirus

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SITUATIONAL UPDATE

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COVID-19 IN THE U.S.

- Total cases: 374,329
- Total deaths: 12,064
- Jurisdictions reporting cases: 55

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COVID-19 IN NORTH DAKOTA: NUMBERS

237 Positive Cases

7466 Negative

7703 Total Tested

82 Recovered

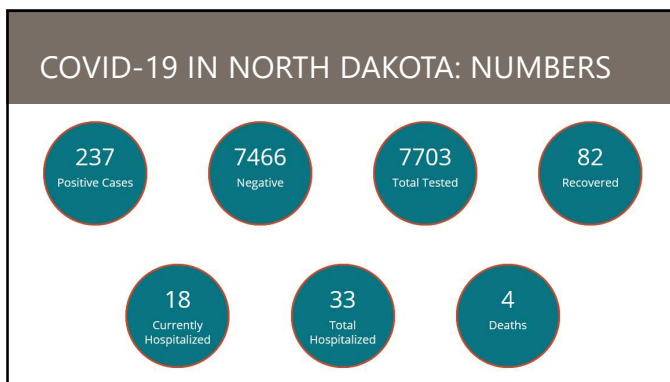**18** Currently Hospitalized

33 Total Hospitalized
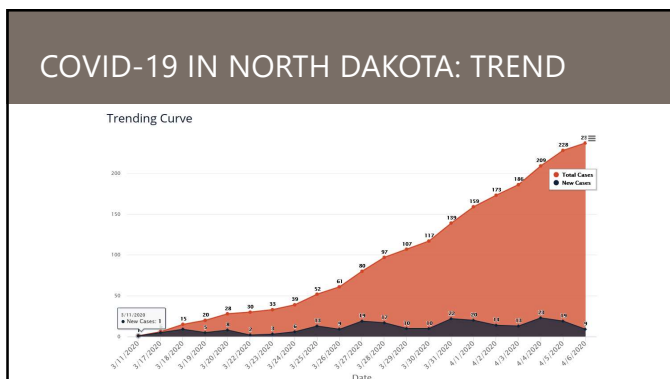
4 Deaths
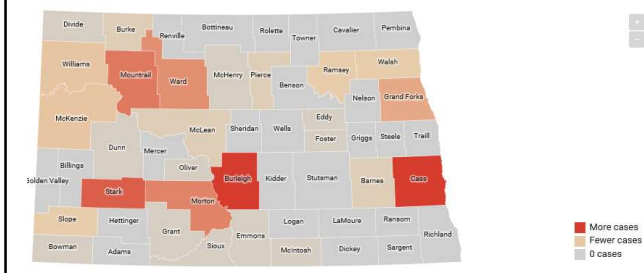
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COVID-19 IN NORTH DAKOTA: TREND
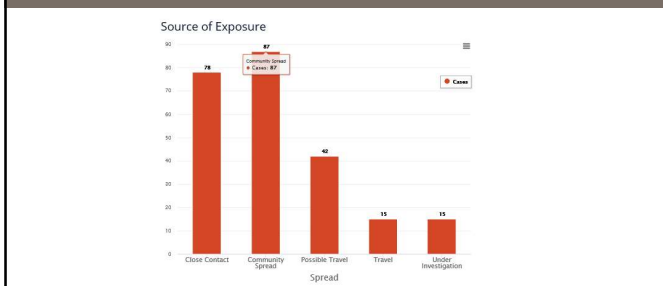
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COVID-19 IN NORTH DAKOTA: BY COUNTY

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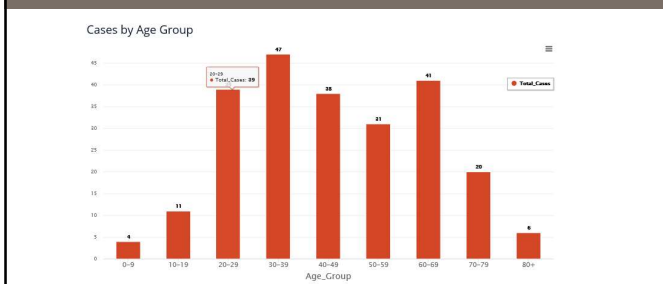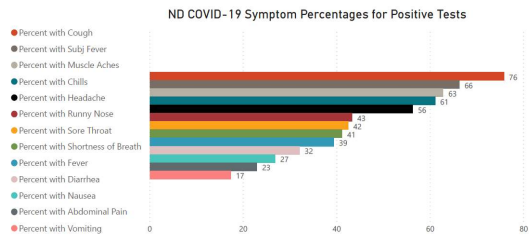## COVID-19 IN NORTH DAKOTA: BY SPREAD

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COVID-19 IN NORTH DAKOTA: BY AGE GROUP

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COVID-19 IN NORTH DAKOTA: SYMPTOMS

ND COVID-19 Symptom Percentages for Positive Tests

- Percent with Cough
- Percent with Subj Fever
- Percent with Muscle Aches
- Percent with Chills
- Percent with Headache
- Percent with Runny Nose
- Percent with Sore Throat
- Percent with Shortness of Breath
- Percent with Fever
- Percent with Diarrhea
- Percent with Nausea
- Percent with Abdominal Pain
- Percent with Vomiting

76
66
63
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COVID-19 TESTING

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NDDOH TESTING AVAILABILITY

- The NDDoH, Division of Microbiology has validated Abbott's Real-time SARS-CoV-2 Emergency Use Authorization (EUA) assay.
  - Tests, using this instrument, require specimens to be collected in the Abbott multi-collect kit.
  - This kit requires only an oropharyngeal (OP) swab.
  - Abbott collection kits can be ordered through the Division of Microbiology website.

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NDDOH TESTING AVAILABILITY

- The Division of Microbiology is continuing its validation process for nasopharyngeal (NP) swabs on the M2000.
- Currently, we have reagents available for about 840 patient tests using CDC's EUA SARS-CoV-2 assay which still requires a nasopharyngeal (NP) swab.
- The Division of Microbiology continues to work through validating anterior nasal swabs and nasal turbinate swabs on these other methods.

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SPECIMEN COLLECTION

- Specimens should be collected as soon as possible once a decision has been made to pursue COVID-19 testing, regardless of the time of symptom onset.
- Maintain **proper infection control** when collecting specimens.
- See **Biosafety FAQs** for handling and processing specimens from suspected case patients.

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COMPLETE APPROPRIATE FORMS

- Providers must complete a **COVID-19 Evaluation and Test Report Form** **and** a **Test Request Form**.
  - Both forms must be included with the specimen.
  - If the **COVID-19 Evaluation and Test Report Form** is not included with the specimen, that specimen may move to the bottom of the queue if specimens need to be prioritized.

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WHO SHOULD BE TESTED FOR COVID-19?

- Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested.
- As supplies allow, health care providers should not turn patients away for COVID-19 testing who have upper or lower respiratory illness.
- **The NDDoH needs providers to test and identify cases in order for epidemiologists to conduct case investigation and contact tracing.**

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WHO SHOULD BE TESTED FOR COVID-19?

- Clinicians should consider testing any patient with **2** or more of the following signs/symptoms of respiratory illness with new or worsening onset:

- Fever
- cough
- shortness of breath
- runny nose
- sore throat
- chills

- myalgia
- fatigue
- headache
- loss of taste and/or smell

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- **Asymptomatic patients, even close contacts to COVID-19 cases, should not be tested for COVID-19.**

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IF TESTING SUPPLIES ARE LIMITED AT THE LOCAL LEVEL OR NEED TO BE PRIORITIZED AT THE STATE LEVEL, THE FOLLOWING PATIENTS SHOULD BE PRIORITIZED FOR COVID-19 TESTING:

- **PRIORITY 1**: Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system
  - Hospitalized patients
  - Symptomatic healthcare workers

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IF TESTING SUPPLIES ARE LIMITED AT THE LOCAL LEVEL OR NEED TO BE PRIORITIZED AT THE STATE LEVEL, THE FOLLOWING PATIENTS SHOULD BE PRIORITIZED FOR COVID-19 TESTING:

- **PRIORITY 2**: Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged
  - Patients in long-term care facilities with symptoms
  - Patients 65 years of age and older with symptoms
  - Patients with underlying conditions with symptoms
  - First responders with symptoms

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IF TESTING SUPPLIES ARE LIMITED AT THE LOCAL LEVEL OR NEED TO BE PRIORITIZED AT THE STATE LEVEL, THE FOLLOWING PATIENTS SHOULD BE PRIORITIZED FOR COVID-19 TESTING:

- **PRIORITY 3:** As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers
  - Critical infrastructure workers with symptoms
  - Individuals who do not meet any of the above categories with symptoms
  - Health care workers and first responders needing two negative test results to return to work
  - Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations

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ADDITIONAL TESTING INFO

- Health care providers should not refer patients to the NDDoH for medical consultation or screening to determine the need for testing.
- The NDDoH recommends that a diagnosis of COVID-19 be based on clinical criteria and laboratory testing results.

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CASE INVESTIGATION AND CONTACT TRACING
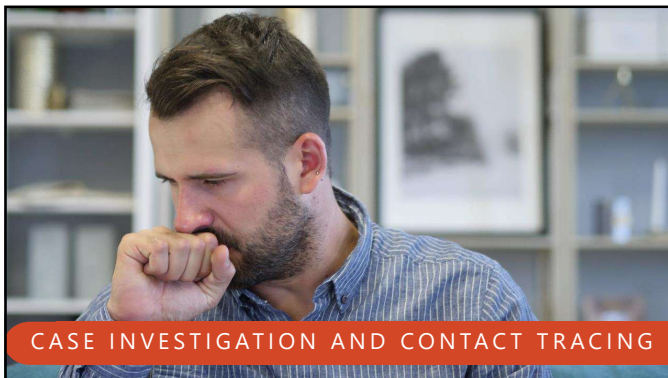
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COVID-19 INFECTIOUS PERIOD

- 1-3 days prior to symptom onset until 7 days after symptom onset **and** fever free for 72 hours **and** symptom improvement.
  - May be longer in immunocompromised individuals (14 days)
- Cases report temperatures and symptoms to investigator during infectious period.

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CASE INVESTIGATION

- The NDDoH and partners investigate all COVID-19 cases reported to the NDDoH.
- Cases are interviewed to identify the source of infection (within 14 days of onset), demographics, obtain symptoms, hospitalization status pre-existing conditions, and to determine close contacts.
- Interview occurs within one hour of case being reported.

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CONTACT TRACING

- Contacts to cases are identified from 48 hours prior to symptom onset through the infectious period.
  - Household member
  - Intimate partner
  - Individual providing care in a household without using recommended **infection control precautions**
  - Individual who has had close contact (< 12 feet) for a prolonged period of time (10 minutes or more)

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ISOLATION OF CASES

- A COVID-19 positive individual may be released from isolation when the following criteria have been met:
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
  - At least 7 days have passed since symptoms first appeared.
- These same criteria apply for persons with symptoms consistent with COVID-19 but were never tested for COVID-19.
- Removal from isolation is different for immunocompromised, health care workers and hospitalized patients.

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QUARANTINE OF CONTACTS

- Contacts are quarantined until 14 days have passed since their last exposure to an infectious case.
  - Household contacts have continued exposure, so their quarantine period may be longer than 14 days.
- Even if a contact tests negative during quarantine, they still must remain in quarantine.
- Contacts report temperatures and symptoms to disease investigators daily during quarantine period.

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COVID-19 PREVENTION
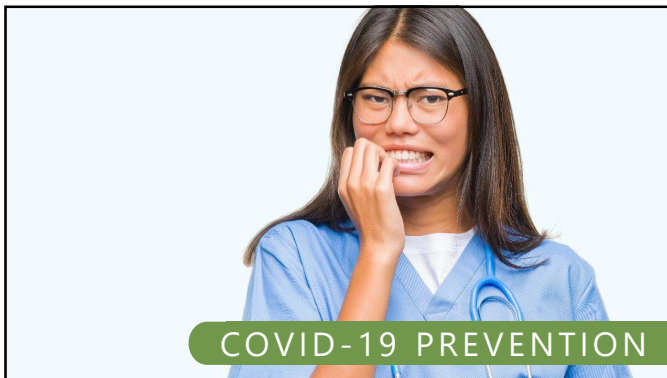
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PRESERVE SUPPLIES

- Healthcare facilities and clinicians should prioritize urgent and emergency visits and procedures now. These actions can preserve staff personal protective equipment (PPE) and patient care supplies; ensure staff and patient safety; and expand available hospital capacity:
  - Delay all elective ambulatory provider visits
  - Reschedule elective and non-urgent admissions
  - Delay inpatient and outpatient elective surgical and procedural cases
  - Postpone routine dental and eyecare visit

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NEW NDDOH RECOMMENDATIONS AND GUIDANCE

- Long Term Care, Basic Care and Assisted Living COVID-19 Prevention and Response
  - NDDoH Recommendations to Prevent and Respond to COVID-19 in Long Term Care, Basic Care and Assisted Living Facilities
- The NDDoH recommends that anyone working in a health care, long term care, basic care, group home, or assisted living facility providing direct care wear a mask when in contact with patients/residents.
  - The NDDoH has developed a Procedure Guidance for N95 and Facemask Reuse to optimize the use of masks.

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NEW NDDOH GUIDANCE AND RECOMMENDATIONS

- Health care worker screening protocol: https://www.health.nd.gov/sites/www/files/documents/Files/MSS/coronavirus/HCW/HCW_Screening_Protocol.pdf
  - Use daily to actively screen all workers
- Health care worker travel guidance: https://www.health.nd.gov/sites/www/files/documents/Files/MSS/coronavirus/HCW/HCW_Travel_Guidance.pdf
  - Wear a mask for 14 days after travel and symptom monitoring

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NEW NDDOH GUIDANCE AND RECOMMENDATIONS

- Health care worker return to work: https://www.health.nd.gov/sites/www/files/documents/Files/MSS/coronavirus/HCW/Health_Care_Worker_Return_to_Work.pdf
- The COVID-19 positive HCW may return to work when the following criteria have been met:
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - **Negative results for COVID-19 from at least two consecutive specimens collected ≥24 hours apart (total of two negative specimens)**

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COVID-19 AND CHILDCARES

- In addition to general infectious disease exclusion criteria, childcares should exclude ill employees or children who meeting the following criteria:
  - Fever of 100.4° F **OR** two or more of the following symptoms: fatigue, muscle aches, cough, sore throat, runny nose, and sneezing, nausea, vomiting, diarrhea, abdominal pain.
- Employees and children need to be excluded until either (1) tested negative for COVID-19 **OR** (2) diagnosed by a health care provider with another illness that does not require exclusion **OR** (3) for 7 days from onset **AND** fever-free for 72 hours (without the use of fever-reducing medications) **AND** symptoms are improving, whichever is longer.

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TRAVEL INFORMATION

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LEVEL 3 TRAVEL WARNING: CDC RECOMMENDS THAT TRAVELERS AVOID ALL NONESSENTIAL TRAVEL TO THE FOLLOWING DESTINATIONS.

- CDC recommends that travelers avoid all nonessential travel to the following destinations. Most foreign nationals who have been in one of these countries during the previous 14 days will not be allowed to enter the United States.
  - China
  - Iran
  - Most European Countries
  - United Kingdom and Ireland

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NO INTERNATIONAL TRAVEL ADVISED

- CDC recommends that travelers avoid all nonessential travel to all global destinations:
  - Global Pandemic Notice

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CRUISE TRAVEL

- CDC recommends that all people defer travel on cruise ships, including river cruises, worldwide. That's because the risk of COVID-19 on cruise ships is high. Older adults and people with serious chronic medical conditions, such as heart disease, diabetes, or lung disease, should especially defer travel on cruise ships, including river cruises, because of their increased risk for severe disease.
  - Passengers who return from a cruise ship or river cruise voyage are advised to stay home for 14 days, monitor their health, and practice social distancing.

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DOMESTIC TRAVEL

- The CDC urges residents of New York, New Jersey, and Connecticut to refrain from non-essential domestic travel for 14 days effective immediately.
  - This Domestic Travel Advisory does not apply to employees of critical infrastructure industries, including but not limited to trucking, public health professionals, financial services, and food supply.
- CDC also advising people to think if their travel is necessary, are they high risk, do they have high risk contacts, are they going to a widespread area, etc.

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DOMESTIC TRAVEL

- CDC does not generally issue advisories or restrictions for travel within the United States. However, cases of coronavirus disease (COVID-19) have been reported in all states, and some areas are experiencing community spread of the disease.
  - Crowded travel settings, like airports, may increase chances of getting COVID-19, if there are other travelers with coronavirus infection.

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ND TRAVEL QUARANTINE ORDER

- State Health Officer ordered quarantine for North Dakotans who recently traveled (within 14 days) from international locations or select states (03/28).
- Domestic locations based on states who are reporting widespread cases on CDC website.
- Essential workers are exempt.
  - Includes health care workers

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NDDOH TRAVELER SURVEY

- North Dakotans who have recently (within the past 14 days) traveled are encouraged to complete a survey online at https://www.health.nd.gov/diseases-conditions/coronavirus.
  - Individuals will receive a guidance document about how to monitor themselves for symptoms and who to contact if symptoms develop.
  - International travelers and those who have traveled to domestic widespread areas will be directed to remain home for 14 days.

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VACCINES DURING A PANDEMIC

- During this time, the North Dakota Department of Health (NDDoH) recommends that routine vaccination, especially of infants, should continue.
  - Use innovative strategies to get people vaccinated with maintaining social distancing as much as possible.
  - If necessary, health care providers can delay immunizations for children older than 24 months and adults until the pandemic is older.
- If necessary, health care providers can delay immunizations for children older than 24 months and adults until the pandemic is older.

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NORTH DAKOTA IMMUNIZATION PROGRAM

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